

\_\_\_\_\_  
Full Name of Party Filing this Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No.: \_\_\_\_\_

STANDARD CHILD SUPPORT  
WORKSHEET

**CHILDREN**

**DATE OF BIRTH**

	<b><u>FATHER</u></b>	<b><u>MOTHER</u></b>	<b><u>COMBINED</u></b>
1. MONTHLY ICSG INCOME (from Affidavit)	\$	\$	\$
2. PERCENTAGE SHARE OF INCOME (Each parent's income on line 1 divided by Combined Income)	%	%	100.00%
3. BASIC CHILD SUPPORT OBLIGATION (Apply line 1 Combined to Child Support Schedule)			\$
4. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 2 times line 3 for each parent)	\$	\$	
5. RECOMMENDED BASE SUPPORT: (Bring down the amount from line 4 for the non-custodial parent)	\$	\$	

	<u>FATHER</u>	<u>MOTHER</u>	<u>COMBINED</u>
6. Other costs to be considered by the Court:	\$	\$	
a. Work-related childcare expenses (+/-)	\$	\$	\$
b. Health insurance premiums and uninsured health care expenses paid by ( ) Mom ( ) Dad (+/-)	\$	\$	\$
c. Total tax benefit for all exemptions divided by 12			\$
Multiply benefit by line 2 % for each parent	\$	\$	
+/- (to off-set any excess benefit)	\$	\$	
7. Total AMOUNT TO BE ORDERED:	\$	\$	

PREPARED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name